Complete and mail this form, together with applicable fees, to:

**Box ISSUE FEE Assistant Commissioner for Patents** Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Note: The certificate of mailing below can only be used for domestic

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

## **Certificate of Mailing**

Chief Intellectual Property Counsel IM22/0803 **京府大学大学文学文学文学文学文学文学** 157 Concord Road 01821

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

NOV 0 2 1999-

(Depositor's name)

(Signature)

(Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 031 CAIN, E 1714 08/03/99 08/969,713 11/17/97 First Named Applicant 35 USC 154(b) term ext. = 0 Days. MABRY,

TITLE OF INVENTION

Patents, Washington D.C. 20231

METHODS FOR PRODUCING ELASTOMERIC COMPOSITIONS (AS AMENDED)

| ATTY'S DOCKET NO.  |   | CLASS-SUBCLASS   | BATCH NO.            | APPLN. TYPE  |  | SMALL ENTITY  | FEE DUE | DATE DUE |         |  |
|--|---|--|----------------------|--|--|---|---------|----------|---------|--|
| · 1  | 95.1417B  | 523-31   | B.000                | W65 UT   | TILIT  | ry No   | \$1210. | 00 1     | 1/03/99 |  |
| Use of PTC   | of correspondence address of correspondence address attached. | or indication of "Fee Address<br>lumber are recommended, but<br>ess (or Change of Correspond<br>Address" Indication form PTC | it not required.     | (1) the name<br>attorneys or<br>the name of<br>member a stand the name | es of up to<br>agents (<br>f a sing<br>registered<br>les of up t<br>agents. If | patent front page, listo 3 registered patent DR, alternatively, (2) le firm (having as a stattomey or agent) to 2 registered patent no name is listed, no | 2       |          |         |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  CABOT CORPORATION |   |  |                      |  |  |   |         |          |         |  |
| (B) RESIDENCE: (CITY & STATE OR COUNTRY) Boston, Massachusetts  Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual Corporation or other private group entity Government  |   |  |                      |  |  | 4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER  |         |          |         |  |
| The COMMIS   | SIONER OF PATENTS A   | ND TRADEMARKS IS reque   | sted to apply the is | sue Fee to the ap  | plication  | identified above.   |         |          | Ŕ       |  |
| (Authorized Si   | the hun 7   | June Jur   |                      | NOV99  |  |   |         |          | 3       |  |
| NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.  |   |  |                      |  | 9000 EEE   |   |         |          |         |  |
| Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary  |   |  |                      |  |  | <i>i</i>  |         | 4        | 3 22    |  |